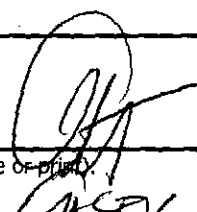


No. W 70568 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018 1. Mailing Address: Correct in this box if needed. C K DENTAL LLC CASEY LEAVITT 333 W CEDAR POCATELLO ID 83201	2. Registered Agent and Office (NOT A P.O. BOX) KYLE SIEMEN 333 W CEDAR POCATELLO ID 83201 3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		
Manager or Member Name Street or PO Address City State Country Postal Code		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Kyle Siemen 333 W Cedar Pocatello ID US 83201		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Casey J. Leavitt 333 W Cedar Pocatello ID US 83201		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;">IDAHO W 70568</div>	6. Signature:  <hr/> Name (type or print): CASEY LEAVITT <hr/> <div style="text-align: right;"> Date: 5-17-18 Title: Co-Owner </div>	
Issued 05/17/2018 by online		